

United States District Court
NORTHERN DISTRICT OF CALIFORNIA

ZHIGANG BAI and JINGXU ZHAO

SUMMONS IN A CIVIL CASE

CASE NUMBER:

v.

EMILIO T. GONZALEZ, Director of the United States Citizenship and Immigration Services;
(see attachment for remainder of Defendants)

SI
C 07 5251

TO: (Name and address of defendant)

EMILIO T. GONZALEZ
Director of the United States Citizenship and Immigration Services
20 Massachusetts Avenue, N.W.
Washington, DC 20529
(see attachment for remainder of Defendants)

YOU ARE HEREBY SUMMONED and required to serve upon PLAINTIFF'S ATTORNEY (name and address)

Audra R. Behne
Law Offices of Audra R. Behne, PC
14724 Ventura Boulevard, 2nd Floor
Sherman Oaks, CA 91403

an answer to the complaint which is herewith served upon you, within 60 days after service of this summons upon you, exclusive of the day of service. If you fail to do so, judgement by default will be taken against you for the relief demanded in the complaint. You must also file your answer with the Clerk of this Court within a reasonable period of time after service.

Richard W. Wieking

CLERK

DATE OCT 15 2007

ANNA SPRINGER

(BY) DEPUTY CLERK

RETURN OF SERVICE

DATE See attached

Service of the Summons and Complaint was made by me ¹

Name of SERVER

Audra R. Behne

TITLE

Attorney

Check one box below to indicate appropriate method of service

Served Personally upon the Defendant. Place where served:

Left copies thereof at the defendant's dwelling house or usual place of abode with a person of suitable age and discretion then residing therein.
Name of person with whom the summons and complaint were left:

Returned unexecuted:

Other (specify): Sent via certified mail, return receipt. See attached receipt.

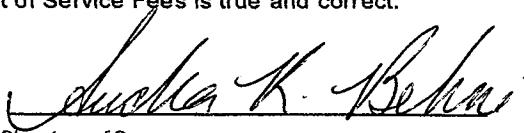
STATEMENT OF SERVICE FEES

TRAVEL	SERVICES	TOTAL
\$0	\$0	\$0

DECLARATION OF SERVER

I declare under penalty of perjury under the laws of the United States of America that the foregoing information contained in the Return of Service and Statement of Service Fees is true and correct.

Executed on 12-5-07
Date


Signature of Server
14724 Ventura Boulevard, 2nd Floor
Sherman Oaks, CA 91403

Address of Server

(1) As to who may serve a summons see Rule 4 of the Federal Rules of Civil Procedure

TITLE OF ACTION (Defendants Continued)

UNITED STATES CITIZENSHIP AND IMMIGRATION SERVICES; MICHAEL CHERTOFF, Secretary of the Department of Homeland Security; PETER D. KEISLER, Acting United States Attorney General; ROBERT MUELLER, Director of the Federal Bureau of Investigations; and FEDERAL BUREAU OF INVESTIGATIONS

TO: (Name and address of defendant) (Continued)

Honorable Michael Chertoff
Secretary
Department of Homeland Security
Washington, DC 20528

Honorable Peter D. Keisler
Acting United States Attorney General
950 Pennsylvania Avenue, N.W.
Washington, DC 20530

Robert Mueller
Director
Federal Bureau of Investigations
J. Edgar Hoover Building
935 Pennsylvania Avenue, N.W.
Washington, DC 20535

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

SAN FRANCISCO, CA 94102

OFFICIAL USE

7006 2150 0000 7133 8416

Postage	\$ 2.33	0410 06 Postmark Here
Certified Fee	\$ 2.65	
Return Receipt Fee (Endorsement Required)	\$ 2.15	
Restricted Delivery Fee (Endorsement Required)	\$ 0.00	
Total Postage & Fees	\$ 7.13	

10/23/2007

Sept 7 to
Civil Process Clerk, Office of U.S. Atty.
Street, Apt. No.;
or PO Box No. 450 Golden Gate Ave., 11th Floor
City, State, ZIP+4
San Francisco, CA 94102

PS Form 3800, August 2006

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Civil Process Clerk
 Office of the United
 States Attorney
 450 Golden Gate Avenue
 11th Floor
 San Francisco, CA 94102

2. Article Number

(Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *John D. Daco*

Agent
 Addressee

B. Received by (Printed Name)

F B Daco

C. Date of Delivery
10/25/07

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type

<input checked="" type="checkbox"/> Certified Mail	<input type="checkbox"/> Express Mail
<input type="checkbox"/> Registered	<input type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Insured Mail	<input type="checkbox"/> C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes

7006 2150 0000 7133 8416

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)			
For delivery information visit our website at www.usps.com			
7133 8824 WASHINGTON DC 20520 OFFICIAL USE			
Postage	\$	\$2.33	0410
Certified Fee		\$2.65	06
Return Receipt Fee (Endorsement Required)		\$2.15	
Restricted Delivery Fee (Endorsement Required)		\$0.00	Postmark Here
Total Postage & Fees	\$	\$7.13	
10/23/2007			
Sent To Emilio T. Gonzalez / Dir. of USCIS Street, Apt. No. or PO Box No. 20 Massachusetts Ave. N.W. City, State, ZIP/4 Washington, DC 20529			

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 		<p>A. Signature X</p> <p><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) DHS</p> <p>C. Date of Delivery 1/17/04</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>1. Article Addressed to: Emilio T. Gonzalez Director of the United States Citizenship and Immigration Services 20 Massachusetts Ave., NW Washington, DC 20529</p> <p>2. Article Number <u>(Transfer from service label)</u> 7006 2150 0000 7133 8324</p> <p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. </p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	

**U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)**

OFFICIAL USE

7006	2150	0000	7133	8331	\$2.33 0410	
					Postage	\$
					Certified Fee	\$2.65
					Return Receipt Fee (Endorsement Required)	\$2.15
					Restricted Delivery Fee (Endorsement Required)	\$0.00
					Total Postage & Fees	\$7.13
						Postmark Here 10/23/2007
						Re: Zhigang Bai
Sent To						
Hon. Michael Chertoff, Secretary						
Street, Apt. No. or PO Box No.						
Dept. of Homeland Security						
City, State, ZIP+4						
Washington, DC 20528						

PS Form 3800, August 2006
See Reverse for Instructions

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 		<p>A. Signature <i>Francis Adams</i></p> <p><input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) NOV 2 Date of Delivery</p> <p>C. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p style="text-align: center;">OFFICIAL CAPACITY ONLY</p>	
<p>1. Article Addressed to: <i>Honorable Michael Chertoff Secretary Department of Homeland Security Washington, DC 20528</i></p> <p>2. Article Number (Transfer from service label)</p>		<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
7006 2150 0000 7133 8331			

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com
 WASHINGTON, D.C. 20530

OFFICIAL USE

7133	8379								
Postage \$ 2.33 0410									
Certified Fee \$ 2.65 06									
Return Receipt Fee (Endorsement Required) \$ 2.15 Postmark Restricted Delivery Fee (Endorsement Required) \$ 0.00 Here									
Total Postage & Fees \$ 7.13 10/23/2007									
Re: Zhigang Bai									
Sept To Hon. Peter D. Keisler, Acting USAAG Street, Apt. No. or PO Box No. 950 Pennsylvania, N.W. City, State, ZIP+4 Washington, DC 20530									

PS Form 3800, August 2006 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 		<p><i>At Signature</i></p> <p>XCT 29 2007</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>1. Article Addressed to:</p> <p>Honorable Peter D. Keisler Acting United States Attorney General 950 Pennsylvania Avenue, N.W. Washington, DC 20530</p> <p>Re: Zhigang Bai</p> <p>2. Article Number <i>(Transfer from service label)</i></p>		<p>7006 2150 0000 7133 8379</p>	

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540


[Home](#) | [Help](#) | [Sign In](#)
[Track & Confirm](#)
[FAQs](#)

Track & Confirm

Search Results

Label/Receipt Number: 7006 2150 0000 7133 8393

Status: Delivered

Your item was delivered at 3:17 AM on October 29, 2007 in
WASHINGTON, DC 20535.

[Track & Confirm](#)

Enter Label/Receipt Number.

[Go >](#)
[Additional Details >](#)
[Return to USPS.com Home >](#)

Notification Options

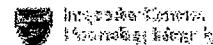
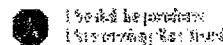
Track & Confirm by email

Get current event information or updates for your item sent to you or others by email.

[Go >](#)
[Site Map](#)
[Contact Us](#)
[Forms](#)
[Gov't Services](#)
[Jobs](#)
[Privacy Policy](#)
[Terms of Use](#)
[National & Premier Accounts](#)

Copyright© 1999-2007 USPS. All Rights Reserved.

No FEAR Act EEO Data FOIA



**U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)**

For delivery information visit our website at www.usps.com

TOP OFFICIAL USE

7006	2150	0000	7133	8393								
Postage												
\$ 2.33												
Certified Fee												
\$ 2.65												
Return Receipt Fee (Endorsement Required)												
\$ 2.15												
Restricted Delivery Fee (Endorsement Required)												
\$ 0.00												
Total Postage & Fees												
\$ 7.13												
10/23/2007												
Re: 2higang Bai												
Sent To Robert Mueller, Director, FBI Street, Apt No: J. Edgar Hoover Bldg. or PO Box No. 935 Pennsylvania Ave, N.W. City, State, ZIP+4 Washington, DC 20535												
PS Form 3800, August 2006												
See Reverse for Instructions												